6 May 2016

Dear Parents,

Our annual Year 11 retreat will be held on Wednesday 15 to Friday 17 June 2016. The retreat program for senior students is an integral part of our school and is therefore compulsory. It supports and enriches the Religious Education program and is seen as a valuable part of our students' overall education.

The retreat is an opportunity for students to reflect on their life, their relationships with each other and their relationship with God. The presenter on our retreat is Mr Chris Doyle and he offers a meaningful and enjoyable program. His presentation is complemented by the opportunity to participate in the Sacrament of Reconciliation and the Celebration of Eucharist. The retreat experience is one enjoyed and appreciated by students and creates lasting memories of their time here at the college. This experience they can take with them throughout their lives.

**The following details will apply:**

**Venue:** The Collaroy Centre, Collaroy Beach

**Transport:** Bus

**Dates:** Wednesday 15 to Friday 17 June 2016

**Depart:** 8.45 a.m.

**Return:** 2.50 p.m.

**Cost:** Has been billed to your fees. Girls will need to bring money to buy lunch on Friday at MacDonald's on the journey home.

**The students will need to bring the following:**

- sleeping bag AND a bottom sheet which is compulsory even with sleeping bag
- warm clothing, sports shoes, sunblock/hat, tennis racquet (optional)
- toiletries and bath towel
- pencil case with pens, pencils & textas

Students are reminded that during the Retreat they must not be in possession of alcohol, cigarettes or recreational drugs. Additionally, visitors are not permitted on site and students may not leave the venue at any time. The consequences for any student who breaches any of the above conditions or who is responsible for any serious misconduct will be immediately removed from the site. Parents will be contacted by phone and they will be required to arrange transportation home for their daughter from the venue.

In an emergency you can contact me at The Collaroy Centre on 99829800 during office hours or after hours on 0406006426.

Thank you in advance for your support of what we are hoping to achieve with your daughter. Please complete the permission and medical forms attached and return to me as soon as possible. For further information please contact me at school during school hours.

Yours sincerely,

*Terry Grubba*

Leader of Year 11
St Joseph’s Catholic College Year 11 Retreat
parent/carer consent and student medical information form
15-17 June 2016

I, __________________________________________ parent / carer of __________________________________________

(name of parent or carer) (name of student)

(strike-out inapplicable)

give my:

1. permission for my child named above to attend the excursion described above, which I understand has been approved by the college Principal,

2. consent for my child to travel on or in any form of public or private transport where such transport is deemed by the school to be necessary or desirable for the safe conduct of the excursion,

3. consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,

4. consent for the school, by its servants or agents:
   • to seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and
   • if, in the opinion of an attending medical or dental practitioner or medical officer (“health practitioner”) my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment provided that reasonable efforts are made to inform me of any serious injury or illness,

5. certification that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the school while attending or participating in the excursion/camp,

6. certification that I understand that the school will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child, and

7. certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child and any adult supervisor that may be required to ensure the safety of my child during that transport.

Signature __________________________________________ Date __________________________________________

(Parent /carer)
St Joseph’s Catholic College student medical information form: Year 11 Retreat

Student name: ___________________________  Student’s date of birth: ___________________________
Medicare no.: ___________________________  Position on card: ___________________________
Private health fund: ___________________________  Membership no.: ___________________________
Ambulance cover:  ☐ Yes  ☐ No

Does your child need to take any form of medication on the trip?  ☐ Yes  ☐ No

<p>| Specify exact time medication is to be administered and the precise dose to be given to your child |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|</p>
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This medication is to be kept on the excursion by either:
☐ my child (my child is in Year…….)  ☐ nominated staff member (name______________________)

Does your child have any special dietary requirements?  ☐ Yes  ☐ No

Details: ................................................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................

Contact details in case of accident or illness:

Name (contact 1): ........................................................................................................................................
Relationship to student: ................................................................................................................................
Phone (home): .................................................................  Phone (work): ..............................................................
Phone (mobile): ........................................................................................................................................

Name (contact 2): ........................................................................................................................................
Relationship to student: ................................................................................................................................
Phone (home): ........................................................................................................................................
Phone (mobile): ........................................................................................................................................

I understand that the information I provide on this form will be handled in accordance with the Diocesan Privacy Policy and the Privacy Act 1998.

Signature: ___________________________  Date: ___________________________
(Parent/carer)